

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531069

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				5		
12				3		
13				3		
14				3		
15				1		
16				1		
17				1		
18				4		
19				3		
20				3		
21				1		
22				1		
23				1		
24			1			
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				4		
34				4		
35				5		
36				1		
37				1		
38				1		
39				1		
40				1		
41			1			
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		167	←		←
TOTAL CLAIMS			170			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						